

TC based on Doc Body (offset is 01:07)

PLACE MATTERS

Montage of individuals in front of different neighborhoods **00:00**

NARRATION

If you lived here, you'd be 30% more likely to live into old age than if you lived here.¹ If you lived in this neighborhood, your child would be six times more likely to be hospitalized for asthma than if you lived in this neighborhood.² Why is your street address and the place you live such a good predictor of your health?

James Krieger: V/O

Place matters. That's where someone works, where they go to school, or where they live,

LOWER THIRD: JAMES KRIEGER, MD **00:40**
Epidemiologist
Seattle Dept. of Public Health

James Krieger: O/C

because place determines what someone's exposed to in terms of a whole host of factors that can affect their health.

Shots of women gardening: families on sidewalks/front lawns

James Krieger: V/O **00:46**

So place matters because it determines what kind of physical or chemical agents you might be exposed to. It matters what kind of social environment you are exposed to. It matters if there's a lot of violence or crime in your neighborhood. It matters if it's easy to go for a walk in your neighborhood or find healthy foods. Who your neighbors are and the way you interact with your neighbors can also affect your health. So place ultimately is a critical determinant of health.

Dr. David Williams: V/O

When we think about health, we usually think about health care and access to care

LOWER THIRD: DAVID WILLIAMS **01:25**
Sociologist
Harvard School of Public Health

Dr. David Williams: O/C

and the quality of care. But what research clearly shows is that health is embedded in the larger conditions in which we live and work.

Man in front of various neighborhoods

Dr. David Williams: V/O

¹ Confirmation from Mary Ostrem, Director of Research, Boston Public Health Commission, August 9, 2006; "The People's Epidemiologists," Madeline Drexler, *Harvard Magazine*, March-April 2006

² *The Health of Boston 2006*, Boston Public Health Commission, 2006; Confirmation from Mary Ostrem, Director of Research, Boston Public Health Commission, August 9, 2006

So, the quality of housing and the quality of neighborhood have dramatic effects on health.

Images of contemporary High Point, cut against images of contemporary Richmond

NARRATION:

How do we make an unhealthy neighborhood healthy?

Here are two neighborhoods working to find answers — one in Richmond, in Northern California and another in Seattle, Washington. Two neighborhoods with similar problems.

02:05

Today in High Point, in West Seattle, there is quality, low-cost housing. Clean parks. Safe streets. Access to good food choices. And sidewalks that allow lots of social interaction.

These features promote health in High Point. But they're not found in many low-income neighborhoods.

Fade to black

Up on: Gwai on Doctor's examining table.

02:30

Doctor Weiland: O/C

Actually, why don't you lay down...

Meet Gwai Boonkeut, age 49.³ A refugee from Laos, he moved to Richmond, California in 1980.⁴ He works as a school janitor.

Doctor Weiland: O/C

Will you roll towards me and put this arm up over your head a little bit? Will you roll towards me just a little bit....

Doctor Weiland: V/O

The um...the heart is still weak.

Doctor Weiland: O/C

I would find it hard to believe that you would be able to go back to work and work a full day right now. So, each time the heart beats, 15-20% of the blood is leaving the heart. Normal is 60%.

Gwai Boonkeut: O/C

60%.

Doctor Weiland: O/C

Yeah. So it's working about a third of a normal heart.

Two weeks ago, Gwai suffered a major heart attack.⁵ This is his first checkup since emergency surgery.

Gwai Boonkeut: O/C

How long will I live?

03:17

³ Interview with Gwai Boonkeut

⁴ ibid

⁵ ibid

His cardiologist doesn't pull punches.

Doctor Weiland: O/C

Uh... that's a really good question, I don't know. You...you essentially almost died once.

Doctor Weiland: V/O

A lot of it depends on how much stronger the heart gets over the next 3 to 6 months. If it doesn't get stronger, unfortunately you're at risk of suddenly dropping dead.

Gwai Boonkeut: O/C

You talk about heart stress, you mean, like, that's including like worry and anxiety and all those stuff.

Doctor Weiland: V/O

All those things can play a role.

Gwai Boonkeut: O/C

Oh, ok.

Doctor Weiland interview; Weiland's office with Gwai.

Doctor Weiland: V/O

The question is why would a young man like this present with such severe heart disease.

LOWER THIRD:

DAVID S. WEILAND

03:52

Cardiologist

East Bay Cardiology Medical Group

Doctor Weiland: O/C

Weakened heart and a heart attack at such a young age. Umm... basic causes of this sort of disease that we ask questions about are smoking history. He's not a tobacco user. History of diabetes, he has no history of diabetes.

Doctor Weiland: V/O

Family history of heart problems at a young age, no family history. And one has to wonder whether environmental factors play a role.

Tracking shot of rundown neighborhoods, factories: Brunner interview **04:14**

In Gwai's environment, petrochemical companies release tons of pollutants each year.⁶ But these toxins may not be the worst environmental health threat here. Tobacco, liquor and fast food are easy to find. Fresh produce isn't. Nor is quality housing. Many public places are unsafe.⁷

Dr. Wendell Brunner: V/O

It's a community that has enormous number of problems so we see much higher

LOWER THIRD:

WENDEL BRUNNER, MD

04:49

Director of Public Health

Contra Costa Health Services

⁶ Toxic Releases Inventory, United States Environmental Protection Agency, 2002, as reported on Scorecard.org, EPA TRI Explorer Report, printed 10/11/07

⁷ Richmond General Plan Update, "Issues & Opportunities Paper #8: Community Health and Wellness," Moore Iacofano Goltsman, Inc, July 2007; Richmond Chamber of Commerce

Dr. Wendell Brunner: O/C
rates of asthma hospitalization.⁸ We see much higher rates of diabetes,⁹ lower life expectancy.¹⁰

Ana Diez-Roux: V/O
When most people think of the causes of chronic disease,

Roux interview

LOWER THIRD: ANA DIEZ-ROUX, MD **05:00**
Epidemiologist
University of Michigan

Ana Diez Roux: O/C
for example cardiovascular disease they think of individual level risk factors which we know about.

Ana Diez Roux: V/O
Diet, physical activity, smoking. However, it's also true that they are socially patterned.

Ana Diez Roux: O/C
And one of the dimensions across which it's patterned is by neighborhoods.

Animation of map: Roux interview **05:15**

Ana Diez Roux: V/O
If we look at a map of almost any geographic area, but I'll just use the example of Richmond, California, and you map up rates of obesity, for example, or of hypertension, or of low-birth weight, we'll see that these things overlap almost exactly.¹¹ And if

Ana Diez Roux: O/C
we overlay a map of environmental hazards, it fits in as well.¹² And, it's very common to see all these dimensions cluster.

And they cluster in Richmond. **05:57**

Gwai with family: Williams interview; people around city.

The city has higher rates of death from heart disease¹³ and cancer^{13A} than most surrounding communities. Children are hospitalized for asthma at twice the rate of other county neighborhoods.^{13B} And the risk of dying of diabetes is also almost twice as high.^{13C}

⁸ "Community Health Indicators for Contra Costa County," Contra Costa Health Services, June 2007

⁹ "Community Health Indicators for Contra Costa County," Contra Costa Health Services, June 2007; Confirmation from Chuck McKetney, Contra Costa Health Services, August 29, 2007

¹⁰ Confirmation from Chuck McKetney, Contra Costa Health Services, August 29, 2007

¹¹ Contra Costa Health Services provided these maps

¹² Contra Costa Health Services map of Risk Management Plans for companies producing hazardous materials; "Still Toxic After all these Years: Air Quality and Environmental Justice in the San Francisco Bay Area," Center for Justice, Tolerance and Community, University of California, Santa Cruz, February 2007.

¹³ "Community Health Indicators for Contra Costa County," Contra Costa Health Services, June 2007

^{13A} Ibid

^{13B} Ibid

^{13C} Ibid

Dr. David Williams: V/O
Sometimes, we naively think of improving health

Dr. David Williams: O/C
by simply changing behaviors.

Dr. David Williams: V/O
But the choices of individuals

Dr. David Williams: O/C
are often limited by the environments in which they live.

Dick Jackson: V/O
A friend of mine who worked in Richmond said that she'd seen

LOWER THIRD: RICHARD J. JACKSON, MD **06:41**
Professor of Environmental Health
UC Berkeley

Dick Jackson: O/C
10 or 12 teenage girls now who have had their gall bladders removed.

Convenience store interior; fast food exteriors

Dick Jackson: V/O
If you eat a lot of fat in your diet, you can get gall bladder disease¹⁴ and it turned out that they're eating breakfast, lunch and dinner in fast food outlets.

Dick Jackson: O/C **06:55**
And there were no farmers markets, there were no green grocers; there was no Safeway or supermarkets that was reachable by these kids. And fast food is a bargain.

Dick Jackson: V/O
You can get 1500 calories for a couple of bucks.

Dick Jackson: O/C
It's not a long-term bargain, but it's a short-term bargain. And people make that trade.

Nompraseurt drives in his truck; Gwai interview.

Even short-term bargains can be few and far between.

LOWER THIRD: TORM NOMPRASEURT **07:24**
Lead Organizer
Laotian Organizing Project

Torm Nompraseurt:
So there are a lot of Laotians who live around here, those apartments around here. Over fifty percent of people pay more than thirty percent of their income toward their housing

¹⁴ "Gallstones," National Institute of Diabetes and Digestive and Kidney Diseases

cost. So if you pay more than thirty percent of your income, you're not in a good situation.^{15A}

And it's not just housing. According to a Brookings Institution report, buying a car in a low-income neighborhood costs as much as \$500 more than in an affluent community. Cashing a check? Add up to 10% more. Furniture, appliances, and even groceries are more expensive.^{15B} Researchers call this "the poverty tax."

LOWER THIRD:

GWAI BOONKEUT

08:09

Gwai Boonkeut: O/C
Until last year, I worked two jobs.

Kanorn Boonkeut: O/C
And I worked two jobs too, before.

Gwai Boonkeut: O/C
My daughter used to say like, 'mom, stop.'

Gwai shows prescription medication; Weiland interview

Gwai Boonkeut: V/O
She says she doesn't want to see her mom or dad work like that.

Gwai Boonkeut: O/C
Now I take this.

Dr Weiland: V/O
We have patients like Gwai who come in very sick.

Dr Weiland: O/C
We patch them up we save their lives and send them back out in the same environment.

Gwai Boonkeut: O/C
Calcium. Potassium. I have to take it at four o'clock.

Bicycle riders on the sidewalk; Roux interview

Ana Diez Roux: V/O **08:38**
I think we sometimes forget that people who live in more well-off communities have a lot of advantages

Ana Diez Roux: O/C
because they do have a lot of the environmental support.

Cut back and forth between Richmond and High Point—"good neighborhood/ bad neighborhood," etc.

Ana Diez Roux: V/O

^{15A} "Affordable Housing Needs 2005," U.S. Department of Housing and Urban Development, May 2007; APEN Survey 2003, Census 2000, SF-3

^{15B} "From Poverty, Opportunity: Putting the Market to Work for Lower Income Families," The Brookings Institution, Metropolitan Policy Program, July 2006

Well, why are these neighborhoods so different? And of course, these differences are not a natural thing. They

Ana Diez Roux: O/C
arise as a result of

Ana Diez Roux: V/O
policies or the absence of policies that create these enormous spatial

Ana Diez Roux: O/C **09:05**
inequalities in resources and in the environments that people live.

Old movie footage.

60 years ago, Richmond was a boomtown.

ARCHIVAL VO: "Here was assembled one of the nation's largest industrial armies. People came by the thousands and tens of thousands."

During World War II, the Kaiser shipyards in Richmond ran twenty-four hours a day.¹⁶

The war effort drew workers of all ethnicities to Richmond.¹⁷ **09:33**

When the war ended, new governmental policies brought sweeping changes to communities like Richmond.

As the shipyards closed, thousands of jobs left.¹⁸ So did anyone who could. But only white families could get the new government backed mortgages to buy homes in the new suburbs.^{19A} Richmond's population fell by a third.^{19B}

Angela Glover Blackwell: V/O
We had vast public investments in building the suburbs of America.

Angela Glover Blackwell interview

LOWER THIRD: ANGELA GLOVER BLACKWELL **10:07**
CEO, PolicyLink

Angela Glover Blackwell: O/C
Federally supported loans, FHA loans, went to people who were moving to the suburbs and for many years, up until the sixties, those loans were available on a racially restricted basis. African-Americans

Angela Glover Blackwell: V/O
and other people of color didn't have access to them.

¹⁶ Oakland Museum of California, www.museumca.org/picturethis/4_1.html; Confirmation from Donald Bastin, 10/12/07, Richmond Museum of History, 10/11/07

¹⁷ *To Place Our Deeds: the African American Community in Richmond, California, 1910-1963*, Shirley Ann Wilson Moore, Berkeley: University of California Press, 2000; Confirmation from Donald Bastin, Richmond Museum of History, 10/11/07

¹⁸ Interview with Shirley Ann Wilson Moore, Professor of History, Sacramento State University, Confirmation from Donald Bastin, Richmond Museum of History, 10/11/07

^{19A} *The Second Gold Rush: Oakland and the East Bay in World War II*, Marilyn S. Johnson; Interview with Shirley Ann Wilson Moore, Professor of History, Sacramento State University; also see footnote 20

^{19B} U.S. Census data, City of Richmond website

Animation of white versus non-white loans; Kubzansky interview; Blackwell interview.
10:22

Until 1962, out of \$120 billion dollars in government-backed home loans, less than 2% went to non-white households.²⁰ In Northern California, between the war and 1960, of 350,000 federally guaranteed new home loans, less than 100 went to black families.²¹

In cities like Richmond, African Americans were left behind in increasingly neglected neighborhoods. In the 1980s, poor Latino and Southeast Asian immigrants began joining them in these same neighborhoods.²²

Laura Kubzansky: V/O **11:05**
Once a community starts to go downhill,

Laura Kubzansky: O/C
nobody wants to actually invest in the community, so the banks don't want to come in

Laura Kubzansky: V/O
and the shops don't want to come in, then you don't have a commercial base. You don't have the community taxes that can then feed back into the schools.

LOWER THIRD: **LAURA KUBZANSKY** **11:16**
Health Psychologist
Harvard School of Public Health

Laura Kubzansky: O/C
Now, you don't have good schools so families don't want to move into the community if they don't have to because you don't have good schools

Laura Kubzansky: V/O
and you get a sort of vicious cycle of everybody who can will leave the community.

Angela Glover Blackwell: V/O
This isn't something that happens overnight

Angela Glover Blackwell: O/C
and it isn't the fault of the people who live there. The people who live in

Angela Glover Blackwell: V/O
low-income disinvested communities

Angela Glover Blackwell: O/C
did not do this to themselves.

Still photos of Gwai's family; Gwai and Kanorn interview

²⁰ *The Color of Welfare*, Jill Quadagno, New York: Oxford University Press, 1994; based on research at the National Archives into the National Committee Against Discrimination in Housing

²¹ "The Housing Problem and the Negro," Charles Abrams, in *The Negro American*, edited by Talcott Parsons and Kenneth Clark, Boston: Houghton Mifflin, 1966; this article originally published in *Daedalus*, Winter 1966, vol. 95, pages 64-76; based on research into the California Advisory Committee of the U.S. Commission on Civil Rights

²² Richmond Chamber of Commerce Website; "Latino, Asian and Black Segregation in U.S. Metropolitan Areas: Are Multi-ethnic Metros Different?," Frey, William H., Farley, Reynolds, "Latino, Asian, and Black Segregation in US Metropolitan Areas," *Demography*, Feb 1996

Twenty years before his heart attack, Gwai tried to move his family out of Richmond, but 11 months later they had to move back.²³

Gwai Boonkeut: V/O

11:51

I can't find my job up there and she can't find her job up there, and move back. My older son, you know, hang around with the wrong group, and then uses some kind of drug. I just don't know what to do.

LOWER THIRD:

Gwai Boonkeut
Kanorn Boonkeut

Gwai Boonkeut: O/C

I tried to help him, I tried to straighten him out. Spend a lot of money, owe people a lot of money.

Gwai Boonkeut: V/O

That's what's in my mind all the time...

Gwai Boonkeut: O/C

such worry, just worry, worry, when I'm going to pay up all of this. And how I'm gonna do it.

Kanorn Boonkeut: (subtitles) O/C

12:22

We don't have enough money to pay our bills and if he's on social security it will be worse.

Laura Kubzansky: V/O

If you think about when you're worried,

Kubzansky interview; Boonkeut's on couch

Laura Kubzansky: O/C

you know you're always a little bit more activated, there's a little more vigilance, you're sort of checking things out a little bit more carefully.

Laura Kubzansky: V/O

And if you can imagine that happening day after day, all day, every day, it's exhausting

Laura Kubzansky: O/C

and it wears on the body's system.

Animation of human body; Gwai with family

12:59

When stress is chronic – when we're endlessly worried about our bills, our job, our children's safety – the body pumps out cortisol and adrenaline. But too much of these stress hormones over time can increase arterial plaque, raise blood pressure, and weaken our immune system,²⁴

²³ Interview with Gwai Boonkeut

²⁴ "Stress: Unhealthy Response to the Pressures of Life," Mayo Clinic Staff, September 12, 2006, www.mayoclinic.com/health/stress/SR00001, retrieved June 21, 2007; approved by medical animation advisors Judith Saide, Associate Professor of Physiology and Biophysics, Boston University, and James Head, Professor of Physiology, Boston University.

increasing our risk for almost every chronic disease – including heart disease,²⁵ the leading killer in America.²⁶

Roux interview; Williams interview; Gwai's healing ceremony

Ana Diez Roux: O/C **13:22**
We've done studies that have shown that living in disadvantaged neighborhoods

Ana Diez Roux: V/O
is related to an increased risk – it's about fifty to eighty percent increase in risk of developing heart disease.²⁷

Ana Diez Roux: O/C
And this has been replicated in other studies.

Dr. David Williams: V/O
In our society today, everybody experiences stress. However, in many disadvantaged communities what we have is the accumulation

Dr. David Williams: O/C
of multiple, negative stressors

Dr. David Williams: V/O
and it's so many of them it's as if someone is being hit from every single side. And it's not

LOWER THIRD: DAVID WILLIAMS **13:56**
Sociologist
Harvard School of Public Health

Dr. David Williams: O/C
only that they're dealing with a lot of stress, they have few resources to cope.

Torm b-roll at community meeting **14:01**

Torm Nompraseurt: O/C
You know, our strategy is to work together...where we live is...like you as leaders...

LOWER THIRD: TORM NOMPRASEURT **14:03**
Lead Organizer
Laotian Organizing Project

The health challenges of low-income Laotians, Vietnamese and Cambodians are often masked when they're lumped together as "Asian Americans."

Torm Nompraseurt: O/C
We are talking about justice, right.

²⁵ "Heart Disease Risk Factors," Centers for Disease Control and Prevention, www.cdc.gov/heartdisease/risk_factors.htm, retrieved June 25, 2007; "About Heart Disease," Centers for Disease Control and Prevention, www.cdc.gov/heartdisease/about.htm, retrieved August 17, 2007

²⁶ "Heart Disease Facts and Statistics," Centers for Disease Control and Prevention, www.cdc.gov/heartdisease/facts.htm, retrieved August 17, 2007

²⁷ "Neighborhood of Residence and Incidence of Coronary Heart Disease," Ana Diez Roux, et. al., *New England Journal of Medicine*, July 12, 2001, vol. 345, no. 2

Gwai's cousin Tom Nompraseurt organizes his community to address local health and environmental problems, joining forces with other activists in Richmond.²⁸

Dr. Wendel Brunner: V/O

14:32

Richmond is a very diverse community. And there is a very rich and historical network of community agencies and community organizations. That's been enhanced

Brunner interview; Gwai and family at barbecue;

Dr. Wendel Brunner: O/C

by the new waves of immigrants who brought and developed their own community agencies

Dr. Wendel Brunner: V/O

to address health problems.

One of the greatest health challenges to the community and its children is exposure to violence.

14:58

Shot of Gwai's kids; newspaper headline; photos of Chan; Gwai and Kanorn interview;

In 2005, Richmond had one of the highest murder rates in the United States.²⁹

Gwai Boonkeut: V/O

Somebody just came and knocked at the door. She came out, she said, "Who's that dad?" I said, "I don't know, just don't open the door." And then I heard, it sound like a knock again, and I ran back and

Gwai Boonkeut: O/C

it wasn't a knock. They already shoot her.

Kanorn Boonkeut (subtitles): O/C

15:25

I picked her up. She was shot in the back of the head. She lay face down. I tried to turn her over. I called her, "Chan, Chan!" but she never responded.

Gwai and Kanorn's daughter Chan was a successful student who became the mistaken target of a Southeast Asian drug gang.³⁰

Robert Prentice: V/O

The specter of community violence has completely transformed the way that people live in certain neighborhoods. So it's a public health issue not only

LOWER THIRD:

ROBERT PRENTICE

16:00

Director

Health Inequities Initiative

Robert Prentice: O/C

for the prevention of premature death through homicide, but for the ripple effects it has on the other things that contribute to people's poor health.

Kids playing basketball

16:08

²⁸ Asian Pacific Environmental Network website (www.apen4ej.org)

²⁹ "Crime in the United States, 2005," U. S. Department of Justice, Federal Bureau of Investigation

³⁰ "From Southeast Asia to a Violent East Bay," Jason B. Johnson, *San Francisco Chronicle*, June 13, 2004

Robert Prentice: V/O

The ability of people to go out, to go shopping, to live a normal life.

In fact research now suggests that some adult health problems may be traced to living with violence as a child.

Jack Schonkoff: V/O

The impact of that stress, the impact of that exposure to violence

Jack Schonkoff: O/C

triggers physiological responses in a child

Jack Schonkoff: V/O

and can actually be disruptive to the developing brain, the developing immune system

LOWER THIRD:

JACK P. SHONKOFF

16:26

Pediatrician

Harvard Center on the Developing Child

Jack Schonkoff: O/C

such that you are primed then to be more vulnerable to physical and mental health problems all through your life.³¹

YES footage – Kids at desk, looking through photos

YES Kid 1: O/C

16:42

When I'm outside I hear gunshots and they're by the school.

YES Kid 2: O/C

I also hear some gunshot too.

Leonard Syme: V/O

We've worked with the kids in Richmond, Many of those kids didn't think they would live beyond the age of twenty. So

Leonard Syme: O/C

we proposed to do a study on hope. Trying to show kids

Leonard Syme: V/O

17:05

they can work their life around, so that they do have a future.

Nance Wilson, VO:

And pick a photo to write about...

The program that resulted-- Youth Empowerment Strategies or YES!—helps youth develop a sense of hope, by showing them at an early age how, by their actions, they can work together to create positive change in their community.³²

YES Kid 1: O/C

³¹ "Excessive Stress Disrupts the Architecture of the Developing Brain," National Scientific Council on the Developing Child, Summer 2005; "Stress Weakens the Immune System," American Psychological Association, Feb 2006

³² Program Description approved by Nance Wilson

We're the YES program B5 and we came up with a project.

Nance Wilson: V/O

Hope impacts health because then you don't internalize a lot of the behaviors about feeling hopelessness and feeling alienated

LOWER THIRD: NANCE WILSON 17:34
Program Director
Youth Empowerment Strategies

Nance Wilson: O/C

from society-- what it is that you do is you feel proactive and you realize that you have a say in how things can be. And so you engage in making things be that way.

Control over our environment gives us reason to be hopeful and hope is an often overlooked factor for good health. But how might a neighborhood's residents gain that control?

Map Animation; shots of neighborhoods/people of High Point

Eight hundred miles north in Seattle, Washington, at High Point, public health and housing agencies and developers took a radical approach, to give one neighborhood some of the health advantages found in wealthier communities.

High Point today dissolves into High Point in war years.

Sixty years ago, High Point was a lot like Richmond. It began in the 40s as housing for temporary defense workers. By the 1990s, High Point housing had deteriorated.³³

Tom Phillips, Bonita Blake and others on street outside development; shots around the development

Tom Phillips: V/O

18:29

These were built for

LOWER THIRD: TOM PHILLIPS
High Point Redevelopment Manager
Seattle Housing Authority

Tom Phillips: O/C

temporary housing, we told the neighborhood they'll only be here a few years and they're still here

Tom Phillips: V/O

60 years later.

Bonita Blake: V/O

I lived in the apartment

Bonita Blake: O/C

here on the end on Graham here, it was right there behind that little tree.

Interview with Bonita Blake; around the neighborhood

LOWER THIRD: BONITA BLAKE 18:50
President

³³ Email explanation from Historian Sharon Boswell, 9/26/07, Confirmation from Tom Phillips, 9/14/07

High Point Community Council

Bonita Blake: V/O

I felt anxious,

Bonita Blake: O/C

you know, because bullets were flying and you know, you did not know when that was going to happen, or what the

Bonita Blake: V/O

consequences would be.

If it was unsafe outside, it was unhealthy inside. Asthma was endemic.

Tim Takaro discusses as he walks around the complex; cutaway shots of building interior

Tim Takaro: V/O

This is one of the old units.

LOWER THIRD:

TIM TAKARO, MD
Faculty of Health Sciences
Simon Fraser University

19:14

Tim Takaro: O/C

It's a pretty nasty looking one. The family has just moved out of here, though, into one of the new units.

Tim Takaro: V/O

There's the leaking off the windows that over the years lets the plasterboard soak, and mold will form all along there. As you can see here, they didn't

Tim Takaro: O/C

just have a mold problem, but with the moisture, you get more dust mites that are a common asthma trigger. A lot of mold growth under there and nice places for the roaches to live and thrive.

Tim Takaro: V/O

Not a healthy home.

19:44

Jim Krieger: V/O

In the old High Point, one out of 9, one out of 10 households were affected by asthma.³⁴

Jim Krieger: O/C

Pretty much everybody knew somebody who had asthma in the community. So almost like it was normal. Asthma was so commonplace it was normal.

Shots around the development of children playing; Phillips interview

By 1997 it was clear to the city and residents that it was time to make a change.³⁵

20:01

³⁴ Confirmation from Tim Takaro, Associate Professor of Health Sciences, Simon Fraser University

³⁵ Confirmation from Tom Phillips, 9/24/07, conversation with George Namat, SHA, 9/21/07, Bonita Blake interview

Tom Phillips: V/O
There was a community here.

Tom Phillips: O/C
Even though this was a rough, dangerous neighborhood, there was still a community here

Tom Phillips: V/O
and people living in communities actually know what they want.

They wanted the kind of healthy living conditions that wealthier neighborhoods usually take for granted.

Demolition of neighborhood houses; community meetings; blueprint of High Point

Working with Seattle Housing Authority and the public health department, the community won federal grants to rebuild High Point.³⁶

Denise Sharify: V/O **20:37**
Seattle Housing Authority

Denise Sharify: O/C
worked really hard to

Denise Sharify: V/O
Invite communities to the table and share in the design and access to power. Low-income people,

LOWER THIRD: DENISE SHARIFY **20:50**
Community Health Program Manager
Neighborhood House

Denise Sharify: O/C
they're used to not having power, so they don't know they even can have power.

Shots of construction workers in development; people around the community

What emerged from the design process was a new, mixed-income community with health as its focus.

Tom Phillips: O/C
Fantastic! Incredible!

Construction Worker: O/C
We sold nine of them on Saturday.

Tom Phillips: O/C
Oh did ya?

Jim Krieger: V/O
Our hope is that the High Point Community now will be integrated with the rest of the surrounding neighborhood and make it easier for people to walk to stores or parks in the neighborhood as a whole. There is a new clinic

³⁶ Confirmation from George Namat, Seattle Housing Authority, 9/21/07, Interview with Bonita Blake

Jim Krieger: O/C

that's been built here, a new public library that's been built here, so those services will be available right on site to residents as well.

Jim Krieger: V/O

And then there'll be a community center and that will have all sorts of other services such as employment services, and childcare, and the like.

High Point gardens/produce market.

The new High Point has community gardens, where gardeners can sell their organic produce to neighbors.

Jim Krieger: V/O

21:45

Another factor that we know promotes health is for people to be socially connected,³⁷ and having a lot of spaces that promote social interaction was a conscious design element here.

One health problem community developers were determined to take on was asthma.

22:02

Nationwide the cost of asthma in health care and lost school and workdays is staggering – \$20 billion dollars every year.³⁸ Low-income neighborhoods are the most affected.

Shots of Stephen Truong on playground; Lanh Truong interview

Four-year-old Stephen Truong has asthma.³⁹

Lanh Truong: V/O

At nighttime,

LOWER THIRD:

LANH TRUONG

22:26

Lanh Truong: O/C

he sleep and then throwing up. Then, too hard for him to breathe.

Lanh Truong: V/O

I just bring him to go to children hospital in the middle of the night. That time

Lanh Truong: O/C

I cannot go to work, too. Yeah, I need to stay home to take care of him.

Tim Takaro: V/O

Over a year's time we found our children were

³⁷ "The Role of Social Relations in Health Promotion," Lisa Berkman, *Psychosomatic Medicine*, 1995, vol. 55, no. 3; Johnson et al, "Combined effects of job strain and social isolation on cardiovascular disease morbidity and mortality in a random Swedish male working population," *Scan J Work Environ Health*, Aug 1989; Seeman, TE, "Social ties and health: the benefits of social integration," *Ann Epidemiol*, Sept 1996

³⁸ "Morbidity and Mortality: 2007 Chart Book on Cardiovascular, Lung, and Blood Diseases," National Heart, Lung and Blood Institute, June 2007, Confirmation from Andrea Stansfield, Director of Epidemiology and Statistics, American Lung Association, 10/12/07

³⁹ Interview with Lanh Truong

Tim Takaro: O/C

spending up to three thousand to five thousand dollars on repeated emergency room visits.⁴⁰

That's emergency room treatment each year for just one child.

Bonita Blake, Tim Takaro and colleagues going into a new house in development.

Bonita Blake, a High Point activist, came up with the idea to build some of the new homes with a range of special features for people with asthma.⁴¹

Tim Takaro: V/O

The ventilation system is

23:09

Tim Takaro: O/C

meant to bring in fresh air from the outside.

Tim Takaro: V/O

Even small particles that might be bad for your health

Tim Takaro: O/C

such as diesel particulate, any pollens in the case of an asthmatic, will be filtered out so the air in the home is actually healthier than the air outside.

Stephen Truong plays outside

Stephen's family moved into a Breathe Easy unit five months ago.⁴² 23:28

Lanh Truong interview in her home with Stephen; Stephen and Lanh play outside

Lanh Truong (subtitles): O/C

My son is happy and healthy and I'm happy, too.

Lanh Truong (subtitles): V/O

He can breathe much better in this house and since he's sick less, I sleep better.

Breathe Easy homes cost about \$6000 extra to build.⁴³ That's less than two years of emergency room services for a child like Stephen. 24:03

But these kinds of health innovations rarely come from private developers working alone.

Pan on High Point development

And the Federal Hope VI program that provided financing to build the new High Point is being phased out.⁴⁴

⁴⁰ "The Seattle-King County Healthy Homes Project: A Randomized, Controlled Trial of a Community Health Worker Intervention to Decrease Exposure to Indoor Asthma Triggers," James W. Krieger, Tim K. Takaro, Lin Song and Marcia Weaver, *American Journal of Public Health*, April 2005, vol. 95, no. 4

⁴¹ Interview with Bonita Blake

⁴² Interview Transcript/Tape Log

⁴³ Confirmation from Tom Phillips, Sept 18, 2006 and Sept 17, 2007

⁴⁴ "HOPE VI," National Low Income Housing Coalition, http://www.nlihc.org/detail/article.cfm?article_id=2772&id=46, retrieved August 28, 2007. Note that funding for HOPE VI might still be reauthorized by Congress, under bill H. R. 3126, though no date for consideration of the bill has been set - http://www.nlihc.org/detail/article.cfm?article_id=4431&id=19

Tim Takaro: V/O

Market driven forces are not going to build healthy homes for low-income communities. That's only going to come from policy makers

Tim Takaro: O/C

24:29

who recognize the societal benefits to having healthy communities like this one.

But not everyone benefited. Some residents who were supposed to be temporarily displaced to build this mixed-income community, never came back.⁴⁵

Torm Nompraseurt drives

24:48

And rebuilding a neighborhood from the bottom up isn't possible or desirable everywhere. The real issue is who gets to make these decisions.

Brunner interview; Laotioan Organizing Project meeting;

Dr. Brunner: V/O

The major health problems in a community like Richmond are extremely complicated and

Dr. Brunner: O/C

they're extremely deep,

Dr. Brunner: V/O

and it requires a whole spectrum of strategies, everything from educating individuals, to mobilizing communities and neighborhoods, to

25:16

Dr. Brunner: O/C

building coalitions, or to changing public policy.

Gwai with family; Blackwell interview

Angela Blackwell: V/O

The first thing we need to do is acknowledge that where you live impacts your health. That the environment in the community, the social environment, the physical environment

Angela Blackwell: O/C

25:30

and the economic environment together determine whether or not we're going to have a healthy existence.

Shot of sunflower; Williams interview

Dr. David Williams: V/O

What that means is the housing policy is health policy.

Dr. David Williams: O/C

Educational policy is health policy.

Yes! kids in classroom; people around neighborhood

Dr. David Williams: V/O

Anti violence policy is health policy. Neighborhood improvement policies are health policies.

⁴⁵ Confirmation from Tom Philips, 9/17/07

Dr. David Williams: O/C

Everything that we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy.

Fade to black.

END

26:00